

Sirtin Limited

Hillcrest Care Home

Inspection report

Byng Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Hillcrest Care Home is a residential 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide personal care and accommodation for up to 34 people, including older people, people living with a dementia and people living with a physical disability. The service provides care in one adapted building over three floors and has a garden area. At the time of our inspection there were 28 people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

Care plans contained information about how people preferred to be supported and risks to people's safety. These had been assessed by staff and regularly reviewed. This enabled staff to have the guidance they needed to help people to remain safe and receive the care they chose.

Medicines were stored and administered safely and the premises were well maintained to keep people safe.

Staffing levels were sufficient to meet people's needs. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff received the support and training they needed to give them the skills and knowledge to meet people's assessed needs.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

The care provided was person centred and we observed positive interactions between people and staff. Staff treated people with dignity and respect; they knew people well and could anticipate their needs. People told us they were happy and felt well cared for.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hillcrest Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 23 February and 6 March 2018. The first day was unannounced. We told the provider we would be visiting on day two.

The inspection was carried out on the first day by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people. They supported this inspection by speaking to people and their relatives to seek their views and experiences of the service. Day two of the inspection was carried out by one adult social care inspector.

Before our inspection, we looked at information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the commissioners of the service prior to our visit. We planned the inspection using this information.

During the inspection we spoke with four people who used the service and the relatives of four people. We spoke with the registered manager, the deputy manager, three care staff, the chef, the house keeper and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of documents and records related to people's care and the management of the service. We looked at six care plans, three staff recruitment and training records, quality assurance audits,

minutes of staff meetings, complaints records and policies and procedures. During the inspection we spoke with one health and social care professional to gather their feedback about the service.

Is the service safe?

Our findings

People and their relatives told us they or their family member felt safe at Hillcrest Care Home. People said, "There are plenty of staff to keep an eye on us and help us" and "The home has the 'feel good' factor." Relative's told us, "We were concerned in the case of a fire, but procedures have been explained and we are happy now" and "Everything is all spot on."

There were up to date safeguarding and whistle blowing policies and procedures in place. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They had received safeguarding training and were aware of different types of abuse.

Staff were able to tell us how they helped people living at the service to ensure they were not discriminated against due to their beliefs, abilities, wishes or choices. For example, we observed staff supporting people to recognise where they were in the building and respecting their wishes to move from where they were.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff and regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This gave staff the guidance they needed to help people remain safe.

We looked at the arrangements in place to ensure safe staffing levels. On the day of the inspection there were sufficient staff to meet the needs of the people who used the service. We saw that the registered manager established how many staff were needed on each shift based on the care each person required. People told us there was enough staff. We observed staff having time to sit and chat with people and calls bells were answered quickly.

Staff were appropriately vetted prior to their employment, to ensure they were suitable to work with vulnerable people.

We looked at records which confirmed checks of the building and equipment were carried out to ensure the environment and equipment was maintained safely. These included for example, checks on the fire alarm, fire extinguishers and gas safety. We saw personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency.

Arrangements were in place for the safe management, storage, recording and administration of medicines. People were supported to take their medicines by staff who were trained and had their competency assessed.

The service was clean. Staff recognised the importance of preventing cross infection and used gloves and aprons when required. A relative said, "The home is spotlessly clean." The service had an infection control champion to ensure staff were kept up to date with good practice guidelines.

Information gathered in relation to accidents and incidents that had occurred had been documented and was monitored by the registered manager and the nominated individual to identify possible trends. For example, we saw documents which showed that the service had learned and acted on the advice given by an independent pharmacist who had identified a minor issue with medicines that were not used regularly. The service was now ensuring expiry dates were checked regularly for these medicines.

Is the service effective?

Our findings

People and their relatives spoke positively about the way staff looked after them. One person said, "Staff always ask if you are alright when passing by."

Arrangements were in place to assess people's needs and choices so that personal care was provided effectively. Care plans and assessments recorded people's physical, emotional and social needs.

People received effective care from staff who had the skills and knowledge to support them. Records showed staff had received training in topics which included dementia care, safeguarding, infection control and moving and handling. Additional training had been provided to staff to enable them support people with specific needs such as continence care and eating and drinking. One person told us, "The staff always seem to know what they are doing."

Staff were supported with regular supervisions and appraisals. One staff member told us, "I get very good supervision and feel supported. I am able to talk about anything." Another told us, "I feel supported and can talk to the manager at any time."

People were supported to maintain a healthy diet. We spoke with the chef who was knowledgeable about people's individual needs, likes and dislikes. During our observations, mealtimes were relaxed and specialist diets were catered for. Additional staff were available at mealtimes to support people who required assistance to eat and drink. People made choices about when, where and what they ate and spoke positively about the food. One person said, "It is very good and the staff always ask if we enjoy it." We saw food and fluid charts were completed when required and people's weights were monitored.

People's healthcare needs were identified and monitored. Records confirmed people had received visits by healthcare professionals. The service had good links with the local surgery and received a planned monthly visit from a health care practitioner. A health and social care professional told us, "The staff contact the surgery in a timely way. People's health needs are promoted and they are looked after very well."

The registered manager showed us the improvements they had made to the decoration and signage in the premises such as, pictorial symbols and bedroom doors in different colours. This supported people's needs and enabled easy navigation. This meant the environment was suitable for people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. One authorisation was in place at the time of this inspection. We discussed this with the registered manager and the deputy manager as some people we spoke with, were unable to tell us about their opinions of the service and the care they received and we queried if they were subject to any restrictions which may require a DoLS authorisation. The registered manager and deputy had recognised the need to review some people's ability to consent to their care and documentation had been revised to ensure people's mental capacity was regularly assessed. On the second day of our inspection the registered manager provided evidence to show they had applied for two people to be deprived of their liberty as their mental capacity to consent to their care had been reassessed.

Information was not always clearly recorded in people's care files about whether relatives had Lasting Power of Attorney (LPA) for health and welfare decisions or only for financial decisions. This meant relatives could be asked to sign to consent to decisions for which they had no legal authority. We brought this to the attention of the registered manager who agreed to address this straightaway

Staff understood the principles of DoLS and the MCA and we observed staff asking people for their consent before offering support.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People were complimentary about the approach of the staff towards them. People told us, "The staff are friendly and chat with you about things" and "They always do their best to make you happy." Relative's comments included "Staff care very much. We've had a good all round view of the care as our relative has been poorly. Night staff have been very good" and "Staff are really good. My relative is happy and contented here."

Throughout our inspection, we observed staff showed kindness and interacted with people in a friendly and reassuring way. For example, we observed a member of staff supported a person to go to the bathroom. They spoke kindly and reassured them. We could see that this helped the person to relax and they became less anxious.

Staff we spoke with were aware of people's individuality and the importance of respecting this. For example, one member of staff explained how they supported a person who had a routine and liked things doing in a certain way. They said, "I want the best for people. I respect their choice and make sure they are happy."

People said they were involved in their care and encouraged to make decisions. This included, what they wished to wear, what they wanted to eat and how they wanted to spend their time. One person told us, "Staff are very good and take their time." A relative said, "Staff seem to know what is important to people."

People's privacy and dignity was respected and promoted. Staff told us they knocked on people's doors before entering and ensured curtains and doors were closed to give people privacy when supporting them with personal care. People confirmed, "Staff always knock. I have privacy when having a shower" and "Staff knock, talk nicely and call me by my name."

Systems were in place to ensure people and their relatives knew what was happening at the service. Notice boards included events, a newsletter and dates of relatives and residents meetings. Leaflets were displayed about the local advocacy service that provided independent support and advice.

Care files and information related to people who used the service were stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

During our inspection we observed staff encouraged people to remain as independent as possible and to do as much as they could for themselves. People told us, "They don't stop me from doing anything I want" and "If you want to do something and tell staff they say it's alright."

Is the service responsive?

Our findings

People received care and support that was responsive to their needs as staff were knowledgeable about the care people required. A health and social care professional told us, "One of the strengths of the staff, is that they know the residents well and pick up on any changes."

People's care plans were personalised and specific to their individual needs. For example, care plans contained information about people's mobility, communication, health, nutrition and hydration needs. This meant care was person centred and gave staff guidance they needed to support people.

People were protected from discrimination by staff who respected people's choices and individuality. A member of staff told us, "If anybody was disrespected because of the way they looked or their sexuality for example, I would report it. I wouldn't let anybody feel low about themselves." Another said, "Any discrimination is abuse. I would report it and it would be taken seriously."

People were encouraged to remain active and we saw people were engaged in games and activities during our inspection. The registered manager had organised for an additional member of staff to be responsible for activities each morning. This was a temporary arrangement whilst an activities co-ordinator was recruited. People told us they were happy with the activities provided and we could see that people also went out individually with staff.

We observed signage in pictorial forms and the registered manager confirmed information was available to people in different formats to make it accessible for them.

The provider had a complaints policy and procedure. This contained details about how complaints or concerns were managed. The provider's audit showed that if there were complaints, the outcomes and actions taken were recorded and reviewed to minimise the risk of reoccurrence. People and their relatives told us they felt confident to raise any concerns with staff or management.

We read a number of compliments about the service which included, 'Thank you for all you do for the resident's' and 'Thank you for the respect and kindness shown.'

Each person had use of a call bell system to request support that was easy to use and alerted staff immediately; bed and door sensors were used where appropriate. The service used technology to promote people's health outside office hours. This system allowed people, supported by the staff, to contact health care professional via a live link. This meant staff had access to immediate medical advice.

At the time of our inspection, nobody was receiving end of life care. The registered manager explained that end of life care plans were written and updated to reflect people's needs. A health and social care professional told us people were supported by very caring staff at the end of their lives and we saw staff had received training. We read compliments from relative's, thanking staff for the, 'Excellent care' provided and for treating their relative with dignity and respect.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since November 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was supported by a deputy manager and a team of motivated staff many of which had worked at the service for several years.

The home was well managed and staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. The registered manager felt the culture of the home was one of honesty and openness. They wanted to create a 'homely' atmosphere and encouraged people, their relatives and staff to speak with them if they had any concerns or suggestions. The registered manager had plans to improve the environment. This included making the outside garden area more accessible to people and their relatives.

People and their relatives told us the registered manager was approachable. Comments included, "The manager is absolutely fantastic and very friendly" and "He seems very pleasant." Staff told us they felt improvements to the service had been made. For example, people's care records were clearer, shift patterns were organised more effectively and there were now two meal settings at lunch time.

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and allegations of abuse. Where appropriate, information was shared with other agencies.

The registered manager, deputy and the nominated individual analysed information about the quality and safety of the service." Any short-falls were highlighted and when actions from audits had been completed they were signed off and dated. For example, an audit of falls documentation had been undertaken which identified a form had not been completed fully and this had been addressed.

The registered manager was committed to listening to the views of relatives and residents and monthly meetings took place. There were plans to move the hairdressing salon to a different part of the building and replace it with a quiet room so people and their relatives could spend time together away from the communal lounge. This showed the service listened to ideas and any concerns raised and took action to improve the service provided. A health care professional told us, "Staff are always willing to embrace change and I am confident and positive about this service."